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Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.5em; font-family: cursive;">08/169,127</div>		Filing Date <div style="font-size: 1.5em; font-family: cursive;">6/27/06</div>	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED 6-27-06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		6/27/06			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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99										
100										
Total Indep										
Total Depend										
Total Claims										

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PTO/SB/07 (08-03)

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

087169,127

Filing Date

Applicant(s)

CLAIMS	AS FILED 0-27-06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend						
101		1										
102												
103												
104		1										
105		1										
106		1										
107		1										
108												
109												
110												
111												
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131		1										
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139												
140	1											
141	1											
142		2										
143		2										
144		1										
145		1										
146		2										
147		2										
148		0.5										
149		0.5										
150		0.5										
Total Indep												
Total Depend												
Total Claims												

151		1										
152		1										
153		1										
154		1										
155			2									
156			2									
157			1									
158			4									
159			4									
160			4									
161			4									
162			4									
163			4									
164												
165	1											
166	1											
167			2									
168			2									
169			1									
170			2									
171			2									
172			2									
173			2									
174			0									
175			0									
176			0									
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